

OCT. 3. 2006 3:58PM

MOFO 28TH FL

NO. 119

P. 1

RECEIVED  
CENTRAL FAX CENTER  
OCT 03 2006**MORRISON | FOERSTER**425 MARKET STREET  
SAN FRANCISCO  
CALIFORNIA 94105-2482TELEPHONE: 415.268.7000  
FACSIMILE: 415.268.7522

WWW.MOFO.COM

MORRISON & FOERSTER LLP  
NEW YORK, SAN FRANCISCO,  
LOS ANGELES, PALO ALTO,  
SAN DIEGO, WASHINGTON, D.C.  
DENVER, NORTHERN VIRGINIA,  
ORANGE COUNTY, SACRAMENTO,  
WALNUT CREEK, CENTURY CITY  
TOKYO, LONDON, BEIJING,  
SHANGHAI, HONG KONG,  
SINGAPORE, BRUSSELS**To:**

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office M/S Amendment	(571) 273-8300	

**FROM:** Robert E. Scheid (Reg. No. 42,126)**DATE:** October 3, 2006

Number of pages with cover page:	7
----------------------------------	---

Preparer of this slip has confirmed that facsimile number given is correct: 2451/jxh3**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

**Contents of this Transmission:**

Atty Docket No. 602102000121:

Inventor: Leonard SCHLESSINGER et al.

Application No.: 10/763,653

Filing Date: January 22, 2004

Group Art Unit: 1631

Examiner: J. M. Sims

Title: GENERATING A MATHEMATICAL MODEL FOR DIABETES

**Documents:**

Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Petition for Extension of Time - 2 months (1 page)

Response to Restriction Requirement (2 pages)

Facsimile Return Receipt Cover

Sender's Initials: RES4/jxh3

Date: October 3, 2006

sf-2203544

OCT. 3. 2006 3:59PM

MOFO 28TH FL

RECEIVED  
CENTRAL FAX CENTER

NO. 119

P. 2

OCT 03 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

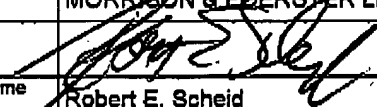
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/763,653	
	Filing Date	January 22, 2004	
	First Named Inventor	Leonard SCHLESSINGER	
	Art Unit	1631	
	Examiner Name	J. M. Sims	
Total Number of Pages in This Submission	6	Attorney Docket Number	602102000121

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (2 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Return Receipt Cover
Remarks		

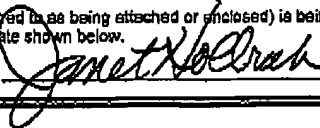
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Robert E. Scheid		
Date	October 3, 2006	Reg. No.	42,126

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (671) 273-8300, on the date shown below.

Dated: October 3, 2006

Signature:



(Janet Holtrah)

sf-2203526

OCT. 3. 2006 3:59PM

MOFO 28TH FL

RECEIVED  
CENTRAL FAX CENTER

NO. 119 P. 3

OCT 03 2006

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0831-0082  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number <b>10/763,653</b>	
		Filing Date <b>January 22, 2004</b>	
		First Named Inventor <b>Leonard SCHLESSINGER</b>	
		Examiner Name <b>J. M. Sims</b>	
		Art Unit <b>1631</b>	
TOTAL AMOUNT OF PAYMENT <b>(\$) 450.00</b>		Attorney Docket No. <b>602102000121</b>	


  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>03-1952</b> Deposit Account Name: <b>Morrison &amp; Foerster LLP</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)																				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																				
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)													
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)														
Utility	300	150	500	250	200	100	0													
Design	200	100	100	50	130	65	0													
Plant	200	100	300	150	160	80	0													
Reissue	300	150	500	250	600	300	0													
Provisional	200	100	0	0	0	0	0													
<b>2. EXCESS CLAIM FEES</b>																				
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>													
Each claim over 20 (including Reissues)							50													
Each independent claim over 3 (including Reissues)							200													
Multiple dependent claims							360													
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>60</td> <td>- 60 = 0</td> <td>x 50 =</td> <td>0</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	60	- 60 = 0	x 50 =	0	<b>Multiple Dependent Claims</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>360</td> <td>0</td> </tr> </table>		Fee (\$)	Fee Paid (\$)	360	0
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
60	- 60 = 0	x 50 =	0																	
Fee (\$)	Fee Paid (\$)																			
360	0																			
HP = highest number of total claims paid for, if greater than 20.																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>36</td> <td>- 36 = 0</td> <td>x 200 =</td> <td>0</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	36	- 36 = 0	x 200 =	0	HP = highest number of independent claims paid for, if greater than 3.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
36	- 36 = 0	x 200 =	0																	
<b>3. APPLICATION SIZE FEE</b>																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																				
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)															
		- 100 =	/50	(round up to a whole number) x	0															
<b>4. OTHER FEE(S)</b>																				
Non-English Specification, \$130 fee (no small entity discount)							0													
Other (e.g., late filing surcharge): 1252 Extension for response within second month							450.00													

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	42,126
Name (Print/Type)	Robert E. Scheid	Telephone	(415) 268-8389
		Date	October 3, 2006

sf-2203522